Division of Health Service Regulation Local Management Local Management Local Date Survey							
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		LE CONSTRUCTION	COMPL		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	: 01			
		HAŁ055002	B. WING		11/19	2014	
MANE OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY,	STATE, ZIP CODE			
			LE VALLEY			,	
BOGER	BOGER CITY REST HOME LINCOL						
- (X4) ID	ATS VEAUNIS	TEMENT OF DEPICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTS	ON	(XX)	
PREFIX	/FACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	PRIATE	DATE	
YAG	REGULATORY OR D	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)			
				. CONSTRUCTION SEC	CTION		
C 000	Initial Comments		C 000	. 001401110011011			
	This report is of a biennial construction survey			JAN 12 2015	j.		
	This report is of a b	iennial construction survey					
	done by Ed Miller and Bob Getchell on November 19, 2014.			RECEIVE	-n 1		
) \L.\(\) L\(\) \L.	in loof		
	Records indicate th	is facility was first licensed or			- 1		
	submitted as a Hon	ne for the Aged on 4-27-1988.			- 1		
	The facility is curre	ntly licensed for 62 Beds.			1		
	Therefore the facilit	y must meet the 1987 and the		Existing Licensed Fac-No less than	.74		
	applicable portions	of the 2005 Rules for the Care Homes, and, the 1978		Rules	1771		
North Carolina Bull		ding Code(s), Section restrained Occupancy.		Section .0300 - PHYSICAL PLANT	10.4		
7				NCAC 13F .0301 APPLICATION O			
		noted which will require a new		PHYSICAL PLANT REQUIREMEN			
	plan of correction.			The physical plant requirements for adult care home shall be applied a			
		At . Long the confidence	C 101	follows:	10		
C 101	Existing Licensed F	ac- No less than '71 Rules	C 101	(2) Except where otherwise specifie	. 1		
	SECTION .0300 - F	HYSICAL PLANT					
	10A NCAC 13F .03	01 APPLICATION OF		existing licensed facilities or portion existing licensed facilities shall mee			
	PHYSICAL PLANT	REQUIREMENTS		licensure and code requirements i			
	The physical plant	requirements for each adult		effect at the time of construction,	"		
	care home shall be	applied as follows:		renovation, or alteration; however in	no		
	(2) Except where of	therwise specified, existing portions of existing licensed		case shall the requirement for any			
	facilities shall meet	licensure and code		licensed facility where no addition of			
	requirements in effe	ect at the time of construction,		renovation has been made, be less			
	change in service o	r bed count, addition,		those requirements found in the 197		,	
	renovation, or altera	tion; however in no case shall		"Minimum and Desired Standards			
- 1	the requirements for	eny licensed facility where		Regulations" for "Homes for the Ag			
-		ation has been made, be less ents found in the 1971		and Infirm", copies of which are ava	-		
	"Minimum and Desi	red Standards and		at the Division of Health Service			
	Regulations* for "Ho	mes for the Aged and Infirm",		Regulation, 701 Barbour Drive, Rale	aidh		
-	copies of which are	available at the Division of		North Carolina, 27603 at no cost:	agn,		
		ulation, 701 Barbour Drive,		Profit Carolina, 27003 at no cost.		- 1	
	Raleigh, North Card	lina, 27603 at no cost;					
	This Rule is not me	t se suldenced bu-		This Rule is not met as evidenced b	y:	1	
	THIS KING IS NOT THE	t as sylushood by.					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

AND FINANCE FORM

FOR THE CONTINUE OF THE CONTINUE

STATEMEN	of Health Service Re of or deficiencies of correction	(X1) PROVIDER/SUPPLIERICUA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION 01	(XS) DATE SURVEY COMPLETED	
		HAL055002	B. WING		11/15	1/2014
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BOGER	CITY REST HOME		LE VALLEY TON, NO 28			
(X4) ID PRÉFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	D BE	(XI) COMPLETE DATE
C 101	Continued From pa	ge 1	C 101			
	Based on observas not installed in Code requirements occupants in the events.	vation, the fire alarm system accordance with the Building that it must notify building rent of a fire. This could effect larm were not loud enough to				
	Findings on 11/19/2014: The fire alarm notification devices, which consisted of bells, were noticeably dull and quiet sounding. There was no indication the system was designed and approved to meet the Private Mode requirements of NFPA 72, as allowed by the 2012 Fire Prevention Code Section 906.2.1 Ex. 2. Therefore it could not be determined if this was intentional or if the system was not functioning correctly.			Plan: To have the fire alarm system inspected and repaired by the fire company who does our annual fire alarm inspection	alarm	2/5/2015
	at room 20 were no all of the fire protect Building Code requi This could affect all failed to contain fire	ration, the cross corridor doors at designed and installed with tion features that the NC State ires of doors in a 'Fire Wall'. of the residents if the wall and smoke in the fire pin for less than the required				
	at room 20 appears the facts that the wa 3 feet beyond the wa There is a fire sprint building on one side And the building that approximately the settian the 9000 squar the 1978 Building Co.	to be a 'Fire Wall' based on to be a 'Fire Wall' based on all is of masonry that extends alls and roof line (paraphet); kler system installed in the of the wall and not the other; t is not sprinklered is ame size or slightly larger re feet maximum permitted by ode for Institutional Buildings exterior bearing walls and		Plah: To have the doors adjusted accordingly to meet the requireme	nts 2	/5/2015

Division	of Health Service Re	egulation			FORMA	PPROVE
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE 8 COMPL	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER;	A. BUILDING	3: 01	COMPL	Elico
			B. WING			
-	·	HAL055002	1		11/15	/2014
WME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BOGER	CITY REST HOME		TLE VALLE			
			TON, NC 2	The state of the s		
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)	DBE	COMPLET DATE
TAG	REGULATORY OR D	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROX DEFICIENCY)	PRIATE	unic
0.404	On the same of Francisco					
C 101.	Continued From pa	ge 2	C 101	1		
. 1		for doors at room 20 are not				
-	equipped with latch	ing nardware. Jance with 1978 NCSBC				
1		uiring fire doors to be			- 1	
.	equipped with posit				į	
- 1						
		sed position, the cross				
ĺ		om 20 have a gap greater				
- 1	than 1/8 of an inch	at the edge. Jance with 1978 NCSBC				
-		uiring fire doors to meet the	ł		- 1	
	installation requirem				- 1	
1	in peanacon requirem					
C 116	Plans Submittals an	d Approvals	C 116	SECTION .0300 - PHYSICAL PLAN	IT 10A	
	,	фр. стан		NCAC 13F .0304 PLANS AND		
	SECTION .0300 - P			SPECIFICATIONS		
	10A NCAC 13F .030	04 PLANSAND		(a) When construction or remodeling		
- 1	SPECIFICATIONS	lan as samudaEna of on oddt	1	adult care home is planned, two co	pies of	
- 1		ion or remodeling of an adult ed, two copies of Construction		Construction Documents and specific		
		cifications shall be submitted	١.	shall be submitted by the applicant of appointed representative to the Divis	or Non-for	
		ppointed representative to		review and approval. As a preliminar	non for	
		w and approval. As a	i	avoid last minute difficulty with final	nlan	
		void last minute difficulty with		approval, Schematic Design Drawin		
		Schematic Design Drawings		Design Development Drawings may	v be	
		ment Drawings may be		submitted for approval prior to the re	quired	
	submitted for approv submission of Const	ral prior to the required		submission of Construction Docume	ents.	
		struction Documents and		(b) Approval of Construction Docum	ents and	
		e obtained from the Division		specifications shall be obtained from		
		oproval of Construction		Division prior to licensure. Approval o Construction Documents shall expire	ofter	
- 11	Documents shall exp	pire after one year unless a		one year unless a building permit for	the	
		e construction has been		construction has been obtained.	-10	
	obtained.	alena esimunal		c) If an approval expires, renewed ap	proval	
		pires, renewed approval		shall be issued by the Division, provi	ded	
		e Division, provided revised ents meeting all current		revised Construction Documents me	eeting all	
		nd standards are submitted		current regulations, codes and stands	ards are	
- 1'	-gamanaria, andrea di	Land and and and and and and and and and	,	submitted .	1	

Division	of Health Service Re	egulation		-		
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING	3: 01	COM	PLETED
		HAL055002	B. WING		441	19/2014
-						1012014
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BOGER	DOCED CITY DEST HOME			YLANE		
	BOSER CITT REST HOME LINCOL					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICENCY)	DBE	COMPLETE DATE
C 116	Continued From pa	ge 3	C 116			
	by the applicant or	appointed representative and				
1	reviewed by the Div			1		
1		ade during construction shall				
		of the Division to assure that				
	licensing requireme					
		struction or remodeling shall irements of this Section				
1 1		irements or this Section tion of all building systems and				
		writing by the Division prior		_		
1 1	to licensure or occu	pancy. Within 90 days				
1 1	following licensure.	the owner or licensee shall				
1. 1		on to the Division that "as				
1 [been received from the		J		
1 1	builder.					Į
1 !		designated agent shall notify ctual construction or				[
1 . 1		nd at points when construction		l		
1 1		rcent and 90 percent				
1 1	complete and upon			1		
1				i		
1 1				1		
	This Rule is not me			DHSR Construction Section should	havo	2/5/2015
		Construction Section records		documentation of file for review. If no		2/0/2010
		struction project conleting of ral areas was built in 2005 but		1		
	all areas did not reci			the facility can provide documentation	on	
		reas were ordered to be				
		ocupancy by local Code				
1 1	Enforcement untill th	e arera is brought into			1	- 1
		ertificate of Occupancy			Ī	- 1
		ration during the 11/19/2014	,		1	
		the barricades against			1	ı
		f a low fence and gate in the				
		r entrance to the lobby. des against occupancy to the			- 1	1
	lobby coming from th					
]],	Review of DHSB Co.	nstruction Section records				
	revealed Construction		-			
		sct HA-2526 however,				
	of the Service Regulation	The state of the s				

STATEMEN	Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL055002	B. WING		11/1	9/2014
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
POOED !	CITY REST HOME		LE VALLEY			
BUGER	DIT REST HOME	LINCOLN	TON, NC 2		-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	DBE	COMPLETE DATE
C 116	Continued From pa	ge 4	C 116	-		
	expired. Further rev Construction Docur submitted and no re	struction Documents has long riew revealed that additional nents have not been enewed approval has been r as required by part (c) of the	,			
C 133	Bathrooms-Hand G	rips .	C 133	,		
	rooms are: (6) Hand grips shall commodes, tubs an accessible to reside. This Rule is not me 3. Based on observ components were in manner because a githe wall. This would grab bar if a loose gweight.	ots for bathrooms and toilet It be installed at all ad showers used by or ints; It as evidenced by: ration, the building ot maintained in a safe grab bar is coming loose from it effect all residents using the rab bar would not hold their		SECTION .0300- PHYSICAL PLAN 10 A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathroom toilet rooms are: (6) Hand grips shall be installed at commodes, tubs and showers used or accessible to residents Grab bars have been repaired for ro 18 and 25 Maintenance will keep a log and document that grab bars are tighter and reported to the administrator if needed to repair	s and all d by oms 1/9/0	2015
	SECTION .0300 - PI 10A NCAC 13F .030 FURNISHINGS (a) Adult care homes	8 HOUSEKEEPING AND shall: ags, and floors or floor		SECTION .0300 - PHYSICAL PLAN NCAC 13F .0306 HOUSEKEEPING FURNISHINGS (a) Adult care homes shall: (1) have walls, ceillings, and floors floor coverings kept clean and in go repair	AND or	

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	R 01	COMPLETED	
		HAL055002	B. WING		11/19/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
BOGER	CITY REST HOME		TLE VALLEY TON, NC 2			
(X4) ID PREFIX YAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REPERENCED TO THE APPROI DEFICIENCY)	D BE COMPLET	
C 164	(3) have furniture of (e) This Rule is not me 1. Based on observantained clean autoilets are coming it would affect all residefected if sewer garound a broken (w. Findings on 11/19/2	c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: vation, the building was not and in good repair because cose from the floor. This dents using the bathroom as and water were leaking ax) seal. co14: cloose in the following as bathroom, ared bath, ared bath, om,	C 184	Continued From page 5 (2) have no chronic unpleasant odd (3) have furniture clean and in good repair (e) This Rule shall apply to new ar existing facilities. Plan: Maintenance will work to rep the loose toilents in the following locations a) Womens-visitors bathroom, b) Room 10/11 shared bath, c) Room 13/15 shared bath, d) Room 18 bathroom, e) Room 25 bathroom Maintenance will continue to monito bathrooms then repair and docum- accordingly	air	
C 188	SECTION .0300 - P 10A NCAC 13F .030 FURNISHINGS (a) Adult care home (5) be maintained in orderly manner, free hazards; (e) This Rule shall a facilities. This Rule is not mel Based on observation not being maintaine easily operable without	s shall: an uncluttered, clean and of all obstructions and		SECTION .0300 - PHYSICAL PLAN NCAC 13F .0308 HOUSEKEEPING FURNISHINGS (a) Adulty care homes shall: (5) be maintained in an uncluttered, and orderly manner, free of all obstructions and hazzards; (e) This rule shall apply to new and existing facilities	G AND clean	

STATEMEN	of Health Service Re of OFFICENCIES OF CORRECTION	(X1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER:	A, BUILDING	LE CONSTRUCTION ; 01	(X3) DATE COMP	SURVEY LETED
		HAL065002	B. WING		11/1	9/2014
	PROVIDER OR SUPPLIER	1428 LITT	ORESS, CITY, LE VALLEY TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	D BEG	(XS) COMPLETE DATE
C 166	Continued From pa	ge 6	C 166			
	a) Room 1 b) Room 10/11 clo	and on the following doors:		Maintenance will work to remove hocks for the following doors a) Room 1 b) Room 10/11 closet Maintenance will monitor doors to that there will not be any more has	ensure	2/5/2015
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plicare home shall be operating condition (k). This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189	SECTION .0300- PHYSICAL PLAN NCAC 13F .0311 OTHER REQUIF (a) The building and all fire safety, electrical mechanical, and plumbin equipment in an adult care home s maintained in a safe and operating condition	T 10A REMENT	S
	building fire safety of maintained in a safe the maintenance and the Kitchen Range is System. This could	ation and record review, the equipment was not being e manner by not maintaining of recertification schedule for Hood Fire Suppression effect all residents if the fire of failed to suppress a fire on				
	Suppression System inspection and rece June of 2012. The s indicating the system however there was	014: ging on the Range Hood Fire in indicated the last approved rtification was performed in system also has a tag in is "Non-Compliant", no documentation indicating stagged non-compliant.		Facility will contact and request that Supression System inspectors will recertify the hood, Plan: The Range Hood Fire Supress System inspectors will monitor anni	sion	2/5/2015

FN0321

Division	of Health Service Re	egulation			FORM	APPROVE
STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	RE CONSTRUCTION 3: 01	(X8) DATE COME	SURVEY
		HAL055002	B. WINO		11/1	9/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY,	STATE, ZIP CODE		
BOGER	CITY REST HOME		LE VALLEY		,	
			TON, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL. BC IDENTIFYING INFORMATION)	PREFIX • TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) GROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	OOMPLETE DATE
C 189	Continued From pa	ge 7	C 189			Ţ
	guidance from the le DHSR Construction	the owner had sought ocal Fire Code Official or the Section as to what can be ange Hood Fire Suppression				
	maintained in a safe the fire-resistance of This would effect all	ation, the building was not manner by not maintaining ating of building components. residents if smoke and fire in the room or smoke		a) Maintenance will repair findings		2/5/2015
	sealed with an unap b. The attic smoke b missing a 10" x 10" s back side. c. The attic smoke b	014; parrier wall over room 7 was proved foam sealant, sarrier wall over room 7 was section of gypsum on the arrier wall over room 7 was ipe containing wires that has		A. B. C. D. E. F.		
	radiation damper tha f. Center corridor me	ap at the sprinkler echanical room cailing has a t has been wired open, chanical room cailing and aled with an unapproved		H. I. J. K. L. M.		
	g. Soiled Linen ceilin benetration by condu h. Soiled Linen ceilin escutcheon. I. Sprinkler Room Ce I. Corridor light in cei k. Living Room has i	g has a loose HVAC elling under is plywood. ling at room 7 coming loose. cose HVAC escutcheon, to the dining room will not				

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: 01 B. WING HAL055002 11/19/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE BOGER CITY REST HOME LINCOLNTON, NC 28092 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (XE) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 8 Continued from page 8 penetrations by piping yo the range hood 2/5/2015 suppression system. N. n. Left end living room door will not close Ο. because it is scrubbing the floor, Р O. The attic smoke barrier wall over room 15 was Q. sealed with an unapproved foam sealant at the R. sprinkler pipe and CATV cables p. Room 11 has a gap over the corridor door. The activity room ceiling has a gap at the heat detector, r. The corridor sprinkler escutcheon has dropped outside the Activity Room. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814 and to protect openings with smoke resisting doors. Based on observation, the building electrical system was not maintained in a safe manner because all outlets near water do not have verified ground fault circuit interrupting devices. Findings on 11/19/2014: GFCI outlets for the following locations 2/5/2015 GFCI outlets have issues in the following will be repaired locations: a) Kitchen a) Kitchen GFCI at refrigerator will not reset. b) Left end exterior GFCI will not reset and does b) Left end exterior not have a weatherproof cover. c) Janitors Closet Janitors Closet GFCI will not reset. GFCI outlets will be monitored and repaired accordingly Besed on observation, the documentation that the building fire safety equipment was being maintained was not being done for the fire curtain in the kitchen. This could effect all residents if the curtain would not contain smoke and fire in the room of origin. Findings on 11/19/2014:

STATEMEN	VISION OF Health Service Regulation ATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER		(X2) MULTIP A, BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL055002	B; WING		11/1	9/2014
NAME OF F	PROVIDER OR SUPPLIER	8TREET AD	DRESS, CITY,	STATE, ŽIP CODE		
BOGED (CITY REST HOME		LE VALLEY			
BUGEN			TON, NC 2			
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	DBE	COMPLETE DATE
C 189	Continued From pe	ge 9	C 189			
	The kitchen fire cur	tain has no inspection tag or	1	The kitchen curtain will be inspecte	d by	
	other records of ma			certified inspectors		ł
	equipment was not by not piping the pr location. This could equipment if the rel	rvation, the building plumbing maintained in a safe manner essure relief valve to a safe d effect all who service this lief were to operate when acent to the equipment.				
. 1	Findings on 11/19/2	1014:		Facility will contact plumbing to re-	pair	
		the Janitors closet has a d 2 feet from the floor.		the drain line in the janitors closet		2/5/2015
	system was not ma by not providing a b exhaust. This woul were to enter the bu Findings on 11/19/2 There is no backdra	ift damper at the exterior of	,	Maintenance will order and repair backdraft damper at the exterior of dryer exhaust duct.	the	
- 1	the dryer exhaust d	UCL .		SECTION .0300 - PHYSICAL PLAN	ŧΤ.	
C 199	Exhaust Ventilation		C 199	10A NCAC 13F .0311 OTHER		
	SECTION .0300 - P 10A NCAC 13F .031 REQUIREMENTS			REQUIREMENTS (g) The spaces listed in this Paragra shall be provided with exhaust ventil	lation	
l.	provided with exhau	st ventilation at the rate of		at the rate of two cubic feet per min per square foot. This requirement of	ute	
1	two cubic feet per m	inute per square foot, This		not apply to facilities licensed before		
		ot apply to facilities licensed with natural ventilation in		April 1, 1984, with natural ventilation		
	these specified spac			these specified spaces:		
	solled linen store			(1) soiled linen storage;		
	(2) soil utility room;	lellet menter		(2) soile utility room;	1	
	(3) bathrooms and (4) housekeeping c			(3) bathrooms and toilet rooms		
1	ath Service Regulation	Notice of the second		(4) housekeeping closets; and		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL055002 B. WING. 11/19/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE BOGER CITY REST HOME LINCOLNTON, NC 28092 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX (XX) COMPLETE TAG TAG DEFICIENCY) C 199 Continued From page 10 C 199 Continued From page 10 (5) laundry area. (5) laundry area (k) This Rule shall apply to new and existing (k) This rule shall apply to new and facilities with the exception of Paragraph (e) existing facilities with the exception of which shall not apply to existing facilities. Paragraph (e) which shall not apply to This Rule is not met as evidenced by: existing facilities. 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings on 11/19/2014: Facility will order, replace, and repair the 2/5/2015 The following exhaust fans were not working: exhaust fans in the following locations a) Room 19/20 shared bath, a) Room 19/20 shared bath. b) Room 26/27 shared bath. b) Room 26/27 shared bath. Division of Mealth Service Regulation